

## Department of Finance and Administration Agency Bank Account Request Form

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New		ge bank account	Delete Bank Account
		Information	
Business Area:		Agency's Na	Tie
Agency Sub Area:	Agency Sub Area Name	е ії Арріісаріе	
Agency Banking Contact			
Contact Name:	Contact Name		
Contact Title:	Contact Title		
Phone Number:	Phone Number		
E-mail Address:	E-mail Address		
	Account	Information	
Bank Name:	Bank Name		
Location:	City, State		
Account Name:	Account Name		
Account Number:	#########	Type of Account:	Checking, Savings, OR Money Market
Minimum Balance:	\$#,###.##	Maximum Balance:	\$#,###,###.##
Interest Rate:	·		reason in comments section.
Number of Signatures Required: #			
Request authority to pay bank service charge per Section 27-105-1, MS Code Ann. (1972): Yes No			
Title of Authorized Signors			
Authorized Title:	Executive Director		
Authorized Title:	Administrative Director		
Authorized Title:	Program Director		
Authorized Title:	Accounting Director		
Authorized Title:	Accounts Receivable Br	anch Director	
Authorized Title:			
	Classification an	nd Accounting De	tail
Classification:	Custodial, Collections		tun
MAGIC Fund Numb	ner: 88######	Agency Tax ID	##-######
		,	
Comments  Decrease for Operation if applicable			
Reason for Creation if applicable. Reason for Change if applicable.			
Reason for Deletion and Fund to receive any distributions upon dissolution if applicable.			
Reason for not Collecting Interest if applicable.			
Required Signatures			
Agency Executive Director (Signature)			Date of Signature
DFA Approver (Signature)			Date of Signature
Treasury Approver (Sign	nature)	<del></del>	Date of Signature

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